

KENTUCKY BOARD OF PHARMACY
23 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601-9230
(502) 573-1580

[FOR OFFICE USE ONLY]

DATE ISSUED: _____

RENEWAL APPLICATION FOR LICENSE TO OPERATE AS A DRUG WHOLESALER OR MANUFACTURER

All permits expire September 30 and are not transferable. Please type and submit each application in duplicate with a check or money order in the amount of \$100.00 made payable to the "KENTUCKY STATE TREASURER".

Incomplete applications will be returned.

INDICATE CORRECTIONS TO THE INFORMATION BELOW BY LINING THROUGH THE DATA AND PRINTING THE CORRECT INFORMATION IMMEDIATELY BESIDE.

LICENSE TYPE: _____ **LICENSE NO.:** _____

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____

REGISTRATION NO.: _____ **EXP DATE:** _____

COUNTY: _____

DEA: _____ **/** **/** **/** _____

ZIP: _____

FDA: _____ **/** **/** **/** _____

TELEPHONE: _____

CHR: _____ **/** **/** **/** _____

TOLL FREE NUMBER: _____

1. Name and title of facility contact person:

2. If operations include DRUG manufacturing, identify the Pharmacist-in-Charge:

NAME: _____

LICENSE NO.: _____

3. Ownership: _____ **Individual** _____ **Partnership** _____ **Corporation**

Name, Title and address of owner(s), partners or corporate officers:

4. Has applicant or any officer, agent, or employee of applicant, ever been charged and/or convicted of any federal or state drug law violation?

_____ Yes (attach explanation) _____ No

5. Schedule of Hours:

Monday: _____ A.M. to _____ P.M.

Friday: _____ A.M. to _____ P.M.

Tuesday: _____ A.M. to _____ P.M.

Saturday: _____ A.M. to _____ P.M.

Wednesday: _____ A.M. to _____ P.M.

Sunday: _____ A.M. to _____ P.M.

Thursday: _____ A.M. to _____ P.M.

The Board may refuse to issue or renew a permit or suspend, temporarily suspend, revoke, fine or reasonably restrict the permit holder for knowingly making or causing to be made any false, fraudulent or forged statement in connection with an application for a permit. See KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge. If the registration herein applied for is granted, I certify that this business will be conducted in full compliance with all applicable federal and state laws and that I will make available any or all records required by law to the extent authorized by law.

Signature and Title of Owner / Manager

Date

Changes in the above information must be submitted in writing with the application fee to the Board office within thirty (30) days.